

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037986

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9424

FILED SEP 26 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

1 day  
2 hrs - 40 Mins.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Maplewood

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis-Little Rock Hospitals, Inc.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2603 Bartold

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Homer

Middle

- - -

Last

Roman

4. DATE OF DEATH

Month

Sept.

Day

18,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

Mar. 12, 1899

9. AGE (last birthday)

64 yrs.

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Railway Mail Clerk

10b. KIND OF BUSINESS OR INDUSTRY

U.S. Mail

11. BIRTHPLACE (City and state or country)

Weaubleau, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Roman

13b. MOTHER'S MAIDEN NAME

Lou Boone

14. NAME OF HUSBAND OR WIFE

Audra

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

no none

16. SOCIAL SECURITY NO.

17. INFORMANT

Audra Roman

Address

2603 Bartold Maplewood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

6 weeks

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955 to Sept. 18, 1963, and last saw her alive on Sept. 18th, 1963

Death occurred at 6:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Masao Okamoto M.D.

22b. ADDRESS

1755 South Grand Blvd.,

22c. DATE SIGNED

9-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-21-63

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

Jay B. Smith Funeral Home-7456 Manchester

ADDRESS

Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.

SEP 20 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1

2 4064

3

4 2

5 1

6

7 0

8 2

9

10

11

12 69-0

13

69

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Barstow

Licensed Embalmer No. 4903

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.